

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012434

STATE FILE NUMBER

445

DECEASED MAY 1 1959		Registration District No. 042		Primary Registration District No. 1000		Registrar's No. 445	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Richmond		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2		Length of stay in lb 2 mon.		d. STREET ADDRESS Route 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) OLLIE THOMPSON				4. DATE OF DEATH Month May Day 1, Year 1959			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 4, 1886	
9. AGE (In years last birthday) 72		FUNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Polo, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Price Thompson		13b. MOTHER'S MAIDEN NAME Amanda Thacher		14. NAME OF HUSBAND OR WIFE Mrs. Nellie Thompson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Records, State Hospital #2, St. Joseph			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture Skull. DUE TO (b) Fall. DUE TO (c) 903. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) SC						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) fell on ice					
20c. TIME OF INJURY Hour Month, Day, Year a.m. Feb, 4, 59 p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		20f. CITY, TOWN, OR LOCATION Richmond Ray Missouri			
21. I attended the deceased from 4-30-19-59, to 4-30-59 and last saw her alive on 4-30-1959 Death occurred at 12:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. Price M.D.		(Degree or title)		22b. ADDRESS 0 State Hospital #2, St. Joseph		22c. DATE SIGNED 5/1/1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/1/1959		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Richmond Missouri	
24. FUNERAL DIRECTOR Quest - 7 funeral Home Richmond, Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. May 1, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

(Licensed Embolmer's Statement on Reverse Side)

Dr. R. P. PRICE
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Marie D. Bailey*

Licensed Embalmer No. *4887*

P. O. Address *Richmond, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.